2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 644148** 1. Entity Name SLUSARZ REALTY & MANAGEMENT, INC. 04-26-2001 90250 047 ***150.00 Principal Place of Business Ma'ling Address 5200-OCEAN-BLVD 5721 AUGUSTA CIR SARASOTA FL. 34242 SARASOTA FL 34238 021354 2. Principal Place of Business 3. Mailing Address 4367 KINGSTON LOOP 4367 KINGSTON LOOP Suite. Act. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1945378 SARASOTA SARA SOTA Not Applicable \$8.75 Additional 5. Certificate of Status Desired SARASOTA 34238 SARASOTA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIUSARZ ROBERT SLUSARZ, ROBERT W. Street Address (P.O. Box Number is Not Acceptable) 5721 AUGUSTA CIR SARASOTA FL 34238 4367 KINGSTON 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and cleats to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 4367 KINGSTON LOOP TITLE ☐ De:ete TITLE SLUSARZ, ROBERT W NAME NAME STREET ADDRESS 3721-AUGUSTA CIR STREET ADDRESS SARASOTA, FL 34238 OTY ST-ZIP SARASOTA FL 34298 CITY-ST-7IP ☐ Delete TITLE SLUSARZ, ROBERT W NAME NAME SANE STREET ADDRESS 5721-AUGUSTA-CIR STREET ADDRESS CITY ST-ZIP SARASOTA FL 34238 CITY-ST-Z'P ☐ Delete TITLE **Change** Addition SLUSARZ, ROBERT W. NAME NAME STREET ADDRESS 5721 AUGUSTA CIR SAME STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-SI-ZiP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addit on NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-7IP C!TY-S*-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an efficiency of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ROBERT W. SLUSARZ